

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U S Patent and Trademark Office, U S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	60426-322; 2000P07678US01
		<b>First Named Inventor</b>	Nahata, et al
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	/
		<b>Filing Date</b>	—
		<b>Group Art Unit</b>	
		<b>Examiner Name</b>	

10929 U.S. PTO  
09/875730  
06/06/01



**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**EFFORTLESS ENTRY SYSTEM**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable)

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/211,068	6/13/2000	
60/213,003	6/21/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0851-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label **024500** OR  Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR :</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
---	---	--	--

Given Name (first and middle [if any])	Pratik Kumar	Family Name or Surname	NAHATA
---	--------------	---------------------------	--------

Inventor's Signature		Date	May 23, 2001
-------------------------	---	------	--------------

Residence: City	Houston	State	TX	Country	U.S.	Citizenship	INDIA
-----------------	---------	-------	----	---------	------	-------------	-------

Mailing Address 5211 Indian Shores Lane

Mailing Address

City	State	ZIP	77041	Country	U.S.
------	-------	-----	-------	---------	------

<b>NAME OF SECOND INVENTOR:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
---------------------------------	---	--	--

Given Name (first and middle [if any])	Tjarko	Family Name or Surname	LEIFER
---	--------	---------------------------	--------

Inventor's Signature	Date
-------------------------	------

Residence: City	Stanford	State	CA	Country	U.S.	Citizenship
-----------------	----------	-------	----	---------	------	-------------

Mailing Address 831 Esplanada Way

Mailing Address

City	State	ZIP	94305	Country	U.S.
------	-------	-----	-------	---------	------

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → 

P10/SB/01 (10-00)

Approved for use through 10/31/2002; OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	024500	OR <input type="checkbox"/> Correspondence address below
Name _____				
Address _____				
Address _____		City _____	State _____	ZIP _____
Country _____		Telephone _____		Fax _____
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (First and middle [if any])		Family Name NAHATA or Surname		
Inventor's Signature				Date
Residence: City	Houston	State	TX	Country U.S.
Mailing Address 5211 Indian Shores Lane				
Mailing Address _____				
City _____	State _____	ZIP 77041	Country U.S.	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (First and middle [if any])		Family Name LEIFER or Surname		
Inventor's Signature				Date June 5, 2001
Residence: City	Stanford	State	CA	Country U.S.
Mailing Address 831 Esplanade Way				
Mailing Address _____				
City _____	State _____	ZIP 94305	Country U.S.	
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

[Page 2 of 2]

Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Edwin T.				Li			
Inventor's Signature	<i>Edwin Li</i>				Date	5/25/01	
Residence: City	Ellicott City	State	MD	Country	U.S.	Citizenship	USA
Post Office Address	10228 Little Brick House Ct.						
Post Office Address							
City	Ellicott City	State	MD	ZIP	21042	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Tejas B.				DESAI			
Inventor's Signature					Date		
Residence: City	Sterling Heights	State	MI	Country	U.S.	Citizenship	U.S.
Post Office Address	43521 Holmes Drive						
Post Office Address							
City		State		ZIP	48314-1876	Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Susan A.				JOHNSON			
Inventor's Signature					Date		
Residence: City	Rochester	State	MI	Country	U.S.	Citizenship	U.S.
Post Office Address	900 E. Gunn Road						
Post Office Address							
City		State		ZIP	48306	Country	

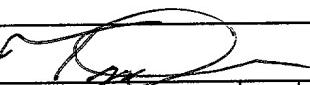
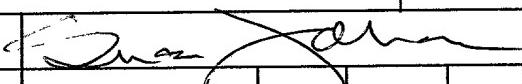
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box →  +

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page ___ of ___					
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname _____					
Edwin T.		Li					
Inventor's Signature						Date	
Residence: City	Ellicott City	State	MD	Country	U.S.	Citizenship	
Post Office Address	10228 Little Brick House Ct.						
Post Office Address							
City		State		ZIP	21042	Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Tejas B.		DESAI					
Inventor's Signature						Date	5/21/01
Residence: City	Sterling Heights	State	MI	Country	U.S.	Citizenship	U.S.
Post Office Address	43521 Holmes Drive						
Post Office Address							
City		State		ZIP	48314-1876	Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Susan A.		JOHNSON					
Inventor's Signature						Date	5/21/01
Residence: City	Rochester	State	MI	Country	U.S.	Citizenship	U.S.
Post Office Address	900 E. Gunn Road						
Post Office Address							
City		State		ZIP	48306	Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____</b>
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Mark		CUTKOSKY				
Inventor's Signature						5/24/01 Date
Residence: City	Palo Alto	State	CA	Country	U.S.	Citizenship
Post Office Address	727 Oregon Avenue					
Post Office Address						
City	State		ZIP	94303	Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City	State		Country		Citizenship	
Post Office Address						
Post Office Address						
City	State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City	State		Country		Citizenship	
Post Office Address						
Post Office Address						
City	State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02C (3-97)

Approved for use through 9/30/98 OMB 0651-0032

Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**REGISTERED PRACTITIONER  
INFORMATION  
(Supplemental Sheet)**

**DECLARATION**

Name	Registration Number	Name	Registration Number
Laura M. Slenzak	35,363	John E. Carlson	37,794
Adel A. Almed	29,606	David J. Gaskey	37,139
I. Marc Asperas	37,274	William S Gottschalk	44,130
Stanton C. Braden	32,556	Kerrie A. Laba	42,777
Robert T. Canvan	37,592	Theodore W. Olds	33,080
Joseph S. Codispoti	31,819	David L. Wisz	46,350
Lawrence C. Edelman	29,299	Pasquale Musacchio	36,876
Mark H. Jay	27,507	Eric C. Swanson	40,194
Rosa S. Kim	39,728	Tracy L. Hurt	34,188
Peter A. Luccarelli, Jr.	29,750	John Musone	44,961
Jeffrey P. Morris	25,307	Karin H. Butchko	45,864
Donald B. Paschburg	33,753	John Siragusa	46,174
Darryl A. Smith	37,756	Anthony P. Cho	47,209
Daniel J. Staudt	34,733		
Heather S. Vance	39,033		
Scott T. Weingaertner	37,756		
Robert A. Whitman	36,966		
Frank J. Nuzzi	42,944		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.